

AGENCY NAME:	SC Commission for Minority Affairs		
AGENCY CODE:	L46	SECTION:	71



Fiscal Year 2015-16 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	<p>My agency is submitting the following recurring decision packages (Form B):</p> <hr/> <p>For FY 2015-16, my agency is (mark "X"):</p> <table style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.		
<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.						
<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.						
CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	<p>My agency is submitting the following one-time decision packages (Form C):</p> <hr/> <p>For FY 2015-16, my agency is (mark "X"):</p> <table style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<input type="checkbox"/>	Requesting capital and/or non-recurring funds.						
<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
PROVISOS	<p>For FY 2015-16, my agency is (mark "X"):</p> <table style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).	<input checked="" type="checkbox"/>	Not requesting any proviso changes.
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<input checked="" type="checkbox"/>	Not requesting any proviso changes.						

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Thomas J. Smith	803-832-8160	tsmith@cfma.sc.gov
SECONDARY CONTACT:	Lauretha W. Whaley	803-832-8161	lwhaley@cfma.sc.gov

I have reviewed and approved the enclosed FY 2015-16 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		
TYPE/PRINT NAME:	Thomas J. Smith	

This form must be signed by the department head – not a delegate.